

Chapter 3: AWARDING THE MAINE QUALITY FORUM SAFETY STAR

SUMMARY: This chapter describes the processes for awarding the Safety Star to Maine hospitals.

§1. Statutory Authority and Introduction.

1. Statutory Authority.

- A. Chapter 469 established the Dirigo Health Agency as an independent executive agency to improve access and quality in the healthcare system.
- B. Section 6951, subsections 1-5 state, in part, that the Maine Quality Forum is established within Dirigo Health and shall perform duties associated with, but not limited to: *research dissemination regarding health care quality, evidence-based medicine, and patient safety; health care quality and performance measurement; health care quality data coordination; reporting of comparative health data; and consumer education.*

2. Introduction.

- A. These rules describe the processes guiding the application for and receipt of the Maine Quality Forum (“MQF”) Safety Star. The rules include application guidelines, validation processes, site visit steps, processes for reapplication and reconsideration, and guidelines for the use of the Safety Star logo.
- B. Safety Star Program Description.
 - 1. Background. A national organization, the National Quality Forum, has established *Voluntary National Consensus Standards for Safe Practices* or “safe practices” that have been demonstrated to be effective in reducing errors and making hospitals safer for patients. The challenge is to have all healthcare providers fully implement the National Quality Forum (“NQF”) endorsed safe practices.
 - 2. About the Safety Star Program. The MQF Safety Star program uses the most current version of these NQF-endorsed safe practices to recognize the hospitals in Maine that meet all of the MQF determined thresholds of performance on safe practices included in the program requirements. The MQF Safety Star program is a voluntary, verified recognition program that recognizes hospitals that are working hard to ensure that they provide the safest care possible. The Safety Star program gives the people of Maine a way to identify the hospitals that are working to be the safest.
 - 3. Rationale. MQF and the MQF Advisory Council believe that recognizing implementation leaders of these consensus safe practices will promote

patient safety and lead to systems that enhance and maintain patient safety. This is consistent with the literature that recommends moving away from a culture of blame and toward a culture of safety that supports hospitals' efforts to become ultra-safe organizations. Recognition of leaders also spurs others to achieve full implementation.

§2. Definitions.

1. Applicant. "Applicant" means the hospital submitting a completed Safety Star Application Form to MQF.
2. Application. "Application" means the process whereby a hospital requests consideration for the Safety Star award by submitting a completed Safety Star Application Form to MQF.
3. Best Practice. "Best practice" means a suggestion of medical treatment and/or medical care process that experts have agreed upon and accepted for particular circumstances.
4. Hospital. "Hospital" is any acute care institution required to be licensed pursuant to 22 M.R.S.A., chapter 405.
5. MQF. "MQF" means Maine Quality Forum, an independent division of the Dirigo Health Agency tasked with improving the quality of health care in Maine.
6. M.R.S.A. "M.R.S.A." means Maine Revised Statutes Annotated.
7. NQF. "NQF" means National Quality Forum, a private, not-for-profit organization created to develop and implement a national strategy for healthcare quality measurement and reporting.
8. Policy Review. A "policy review" is a review of written policy, along with observation and interviews to determine if a policy reflects recognized best practice, and is commonly acknowledged, understood and practiced across all organizational levels.
9. Public Display. "Public display" means placing information in a medium in such a way as to attract attention to the information.
10. Reapplication. "Reapplication" means the process whereby an applicant that does not meet three or fewer safe practice thresholds makes changes to improve upon those practices and have just those missed practices validated for the Safety Star.
11. Reconsideration. "Reconsideration" means the re-review process for a Safety Star award decision whereby an applicant who does not receive the Safety Star award requests a reexamination of that decision.
12. Record Review. "Record review" means a review of patient charts and other hospital records.

13. Safe Practice. High priority practices that demonstrate evidence of efficacy, are generalizable, are usable, and when implemented fully will improve significantly the safety of patients. A safe practice is a process, technique, method or protocol that has been demonstrated to improve patient safety when appropriately implemented.
 14. Safety Star Manual. “Safety Star Manual” refers to the most recent version of the MQF published Safety Star Manual, which outlines the Safety Star practices, thresholds, and application processes. The Safety Star Manual contains application and reapplication forms.
 15. Site Visit. A “site visit” is the process of a Site Visit Team going to an applicant’s facility to conduct policy reviews and record reviews to validate that the applicant has met or exceeded the threshold for each Safety Star safe practice.
 16. Site Visit Report. The “Site Visit Report” is the document the Site Visit Team completes after a site visit and submits to the MQF Director. The Validation Manual contains the Site Visit Report form.
 17. Site Visit Team (SVT). “Site Visit Team” or “SVT” means a group of members from the Validation Team who conduct a site visit to validate a Safety Star application.
 18. Standards. “Standards” are the criteria upon which hospitals will be assessed. Standards are built upon the NQF Safe Practices and micro-specified via established thresholds for achievement.
 19. Threshold. “Threshold” is the minimum requirement (established by MQF) for achieving recognition of adequate implementation of a Safety Star safe practice.
 20. Validation. “Validation” is a process for confirming the representations of the applicant.
 21. Validation Criteria. “Validation criteria” are the guidelines for the information SVT members look for during site visits to validate that applicants meet the thresholds for all Safety Star safe practices.
 22. Validation Forms. “Validation forms” are completed by the SVT during site visits as part of the Site Visit Report .
 23. Validation Manual. “Validation Manual” refers to the most recent version of the MQF published Validation Manual, which describes the Safety Star validation process, validation criteria, and the roles of the Validation Team and Site Visit Teams. The Validation Manual also contains the forms needed to complete the validation process.
 24. Validation Team (VT). “Validation Team” means the group of quality improvement healthcare professionals who volunteer to assist with the development and refinement of Safety Star validation criteria as well as comprise the Site Visit Teams.
- §3. Safety Star Application Process.
1. Application Process. Hospitals interested in applying for the Safety Star must complete the most recent version of the Safety Star Application Form, available in the Safety Star Manual.

2. Submittal to MQF. The applicant must submit a completed Application Form to the Maine Quality Forum. Electronic submissions are preferred. To submit electronically, applicants will follow the instructions for electronic submission provided in the most recent MQF Safety Star Manual. Alternatively, applications may be sent to the Dirigo Health Agency, Maine Quality Forum via post. Instructions for submitting applications by post may be found in the Safety Star Manual
3. Acknowledgement by MQF. MQF will acknowledge receipt of a satisfactorily completed application via email or post.
4. Processing by MQF. MQF will process applications in the order in which they are received.
5. Frequently Asked Questions. Frequently asked questions about the application process will be posted in the Safety Star section of the MQF website.

§4. Safety Star Validation Process.

1. Purpose. The purpose of the validation process is to confirm that Safety Star applicants are meeting appropriate MQF thresholds. MQF uses a peer validation process to confirm each applicant's adherence with Safety Star standards. The Validation Team (VT) responsible for the validation process is comprised of volunteer Quality Improvement professionals from within Maine's hospital system. Each Safety Star application will be verified with a site visit.
2. Timeline. The validation process timeline is as follows:
 - MQF receives completed Safety Star Application Form.
 - MQF acknowledges receipt of the application within 30 calendar days of receipt and queues it for VT.
 - MQF and VT meet to review the application and establish Site Visit Team (SVT) for site visit.
 - Validation process is completed within 90 calendar days of MQF's acknowledgement of a satisfactorily completed application.
 - SVT conducts site visit, completing a Validation Form for each Safety Star practice.
 - SVT submits Site Visit Report to MQF.
 - MQF reviews Site Visit Report and notifies applicant of award decision within 10 business days of receiving the report.
 - MQF publicly announces Safety Star Award recipients at time and place intended to generate the most favorable publicity.

- Each applicant is informed of its Safety Star award decision within approximately 140 calendar days of MQF's receipt of a satisfactorily completed application.
3. Validating Safety Star Practices. To verify most Safety Star practices, VT members will conduct policy and record reviews during site visits, based on the version of the Safety Star validation criteria in place at the time of the application. These reviews will ensure that an appropriate protocol for a specific practice is in place, hospital employees understand the protocol, and hospital employees follow the established protocol.
 - A. The number of interviews conducted in conjunction with a policy review, along with the selection of patient charts for record reviews will be guided by the Validation Manual.
 4. Site Visits.

After MQF acknowledges receipt of an application, it will meet with the Validation Team (VT) to determine which members will be a part of the team that will conduct the site visit for the application.

- A. Site Visit Team Membership.
 1. At least two VT members and one representative from MQF will comprise each Site Visit Team (SVT).
 2. Where possible, the SVT will include at least one member from a hospital of size and complexity comparable to that of the applicant and at least one member from a dissimilar hospital.
- B. Information Sources. The information that the SVT gathers during the site visit will be guided by two sources: the Safety Star application itself and Validation Forms. Safety Star applications will contain information regarding any supporting documents the applicant has for each practice threshold, where site teams can find those documents, and identify the appropriate contact person for obtaining the documents.
- C. Validation Forms. The Validation Forms pinpoint the specific information the SVT must find to validate each Safety Star practice. During the site visit, the SVT will complete a Validation Form for each safe practice. to represent the SVT's pooled observations.
- E. Applicant Responsibilities. On the day of the site visit, the applicant must make sure all supporting documentation noted in the application is available for SVT review. The applicant must ensure that the SVT can review records in a way that assures patient privacy. Additionally, hospital unit managers should be made aware of the site visit.
- F. The timeline for the day of the site visit is as follows:
 - SVT meets and greets hospital representatives.

- SVT conducts site visit.
 - SVT meets briefly and reviews site visit.
 - SVT meets with hospital representatives to share general impressions of visit, for informational purposes only.
- G. Post Site Visit. After the site visit, the SVT will complete the most recent version of the Site Visit Report, which has two parts: a summary of the site visit and the Validation Forms (one for each Safety Star practice).

§5. Reapplication Process.

1. Purpose. The Safety Star reapplication process allows applicants to address specific deficiencies cited during site visits and reapply for the Safety Star award. Applicants who fail to meet thresholds on three or fewer safety practices may opt to implement changes to improve the practices they missed and reapply for the Safety Star six months after they receive the initial award decision.
2. Timeline. The reapplication process timeline conforms to the regular application timeline with the following differences:
 - A. Where possible, the same SVT that conducted the initial site visit will conduct a reapplication site visit.
 - B. Only those practice thresholds initially missed will be validated during the reapplication site visit.
3. Intent to Reapply: Following a non-award determination, an applicant has 60 calendar days to notify MQF of its intent to reapply. Applicants that do not submit this notification within 60 calendar days of the non-award determination must submit another Safety Star application.
4. Reapplication Form. The applicant must submit the most recent version of the Safety Star Reapplication Form within 150 calendar days from receipt of the original award decision.
5. Reapplication Site Visits. Reapplication site visits must occur no less than 180 calendar days and no more than 270 calendar days after the applicant's receipt of original award determination. The reapplication site visit will not be scheduled until MQF receives a completed Reapplication Form.
6. The reapplication process will be completed within approximately 290 calendar days of the applicant's receipt of original award determination.
7. Disqualification. The following disqualify a hospital from the reapplication process:
 - A. Failure to submit intent to reapply within 60 calendar days of receipt of original award determination.
 - B. Failure to submit Reapplication Form within 150 calendar days of receipt of original award decision.

- C. Failure to complete the reapplication process within 270 calendar days of receipt of original award determination.
- D. Failure to schedule a reapplication site visit between 180 and 270 calendar days of receipt of original award determination.

§6. Reconsideration Process.

1. Purpose. The Safety Star reconsideration process gives applicants who question the award decision delivered to them by MQF the opportunity to have that decision reexamined.
2. Timeline:
 - MQF receives request for reconsideration.
 - MQF responds to request.
 - Within 75 calendar days of receipt of a request for reconsideration, the Chair of the Performance Indicator Committee of the MQF Advisory Council reviews all associated documents.
 - The Performance Indicator Committee Chair makes reconsideration award decision recommendation to Director of MQF.
 - The Director of MQF will issue notice of reconsideration decision within 10 business days of Performance Indicator Committee Chair recommendation. The Director of MQF is the final authority. All decisions are final.
 - The reconsideration process is completed within approximately 95 calendar days from MQF receipt of request for reconsideration.

§7. Privileges and Restrictions of Safety Star Recipients.

1. Safety Star Logo Use. The Safety Star award is valid for two years. Recognized hospitals will receive the MQF Safety Star logo and a copy of the Safety Star logo style guide. Recipients are unrestricted in their use of the Safety Star logo for a two-year period unless the serious event of a wrong body part, wrong patient or wrong procedure surgery occurs. After such an occurrence, the recipient may no longer use the Safety Star logo.
2. Award Promotion. MQF will promote its Safety Star award and the award recipients. In the event that a recipient no longer qualifies for the Safety Star award for any reason, MQF will not promote the loss of the award. MQF may no longer list the disqualified recipient as an awardee. Maine Quality Forum will maintain an up-to-date listing of awardees on its website.